



Application for Commercial Filming/Still Photography Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States as also insured.

Applicant:		Company:	
Social Security #:		Tax ID #:	
Street/Address:		Street/Address:	
City/State/Zip Code:		City/State/Zip Code:	
Telephone #:		Telephone #:	
Cell phone #:		Cell phone #:	
Fax #:		Fax #:	
E-mail:		E-mail:	

Project name:			
Location manager:		Producer:	
Telephone #:		Photographer:	
Cell phone #:		Director:	
E-mail:		Insurance company:	

Type Of Project:			
Stills, Editorial	Stills, Advertising	Stills, Other	Stock Photo/Video/Film
Feature Film /TV Movie	TV Series/Pilot	Documentary/Travelogue	Commercial
Music Video	Infomercial	Industrial	Public Service Announcement
Other, explain			

Will there be sound recording? **Y** **N**
Will there be night work? **N** **Y, explain** _____

Detailed description of on-site activities: _____

Talent comprise anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.

Do you intend to utilize talent? **Y** **N**
If yes, provide a full description of who they are and how they will be utilized: _____

Location Schedule:

Date	Location	Start Time	End Time	Interior Or Exterior	Film Strike Prep	# Of Cast & Crew*

*number in this column should include all individuals present at the location

How will individuals with access to the site be identified? (Identification tags are recommended.) _____

Electrical needs, explain: _____
Generator: Y, size _____ N
Lighting: **None** **Reflectors Only** **Yes** (explain) _____

Road Use: Date/time: _____

Closure Requested		
Running shots	Driving shots	Drive-bys
Tow shots	Drive-ups & Away	Wet down road
Camera/Equipment on Road Shoulder	Camera/Equipment on median	
Other (explain)		

Operational Information:			
Vehicles:			
Personal Cars	Large Trucks	Other Trucks Vans	Motor homes
Semi-Tractor Trailers	Camera Car	Picture Cars	Dressing Rooms
Other Vehicles (explain)			
Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.			

Vehicles or to be parked on or need access to park property (attach additional sheets if necessary):				
MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp Location (attach diagram if necessary: _____)

Catering Information

Catering Co. Name _____ Phone Number _____
On-site Manager _____ Food License Information: _____
Equipment: _____

Special Activities:

Children: **N** **Y** # of Children: _____ Age Range _____
Animals: **N** **Y** (explain): _____
Trainer Name: _____ Phone #: _____
Aircraft: **N** **Y** (explain): _____

Special Effects:

(identify): _____

Effects Technician Name: _____ Phone # _____
License # (if applicable): _____ Permit # (if applicable) _____

Stunts:

(explain): _____

Coordinator: _____ Phone # _____

Any other unusual or hazardous activities? Explain: _____

Are you familiar with/ have you visited the requested area? **Y** **N**

Have you obtained a permit from the National Park Service in the past? **Y** **N**

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event? **Y** **N**

Attach Additional Pages For Information Needed To Evaluate Your Permit Request Including: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site cleanup. Include a proposed Site Plan(s).

Contacts:

Person on location responsible for company's adherence to all terms & conditions of a Film Permit:

Name: _____ Title: _____ Phone: _____

Person on location responsible for coordinating activities with the NPS:

Name: _____ Title: _____ Phone: _____

Person at the company office to contact for follow up information and billing:

Name: _____ Title: _____ Phone: _____

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature _____ Title _____ Date _____

Company Name _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashier's check or money order in the amount of \$100.00 made payable to National Park Service. Credit card payments may be accepted at some parks. Application and administrative charges are non-refundable. This completed application should be mailed to Chief Ranger, at the Park address found on the first page of this application.

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240